

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34831
Registrar's No. 9580

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT
FULL NAME

Felan Welch

3. (b) If veteran, _____
name war _____

No

(c) Social Security No. 494-26-4632

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widower
6. (b) Name of husband or wife Jane Kompa Welch
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 10 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 22 hr. _____ min.

9. Birthplace Salem Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name William Welch
13. Birthplace Unknown 9 11 11
(City, town, or county) (State or foreign country)
14. Maiden name Minerva Wilson
15. Birthplace Unknown 9 3 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Jones
(b) Address 4115 Donovan Ave.
17. (a) Burial (b) Date thereof 11-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 3 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1816 Franklin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st
year 1948 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull
Subdural Hemorrhage of
Brain when he was struck
by a streetcar operated by
one William Murphy in
front of 1828 Franklin
Ave. around 7:20 P.M. Nov
1st 1948
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov 1 1948
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place

While at work _____ (Specify type of place)
(a) Means of injury See above

23. Signature Patrick E. Taylor (a) D. or other _____
Address Dep. Coroner Date signed 11/3/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.